PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

05 AUG -5 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 11 2005

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000099339

1. Corporation Name
Superior Transport Corporation

2. Principal Office Address	3. Mailing Office Address
8360 Sunset Strip	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise/FL	City & State
Zip: 33322 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 04-2390026 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: NANDLAL BOODHAI

Street Address (P.O. Box Number is Not Acceptable): 8360 Sunset Strip

100057477031
07/14/05 01060 002 **750.00

Suite, Apt. #, Etc.

City: Sunrise State: FL Zip Code: 33322

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Nandlal Boodhai Date: 6/30/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Nandlal Boodhai	8360 Sunset Strip	100057477031 07/14/05 01060 002 **750.00
Secretary	Tara Boodhai	8360 Sunset Strip	Sunrise FL 33322
Treasurer			Sunrise FL 33322

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Nandlal Boodhai 6/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #